

LUNENBURG PUBLIC LIBRARY

REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS

Author: _____

Title: _____

Your name: _____

Organization or group represented (optional): _____

Telephone: _____ Address: _____

City: _____ State: _____

1. To what do you object? (Please be specific and cite pages/scenes)

2. Did you find anything of value in the material? _____

3. Did you read the entire book/view entire movie? _____

If not, what pages/scenes do you object to? _____

4. Have you read any published reviews of this material? If so, please list:

Signature:

Staff member taking request _____ Date _____